



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF WASTE MANAGEMENT
BUREAU OF ENVIRONMENTAL FIELD SERVICES



**COMPLIANCE INSPECTION CHECKLIST
HAZARDOUS WASTE COVER PAGE**

General

☐ Routine

☐ Complaint

EPA/ ID/Permit No. _____ Time _____ Date _____

Facility Name _____ District _____

Street _____ City _____, KS ZIP _____

Mailing Address (if different than above) _____

County _____ Number of Employees _____

Phone _____ Fax _____ e-mail _____

Contact(s) _____ Inspector(s) _____

Type of Business _____

Operating Hours and Days _____

Lat/Long Location Method: _____ Lat/Long Location Feature: _____

Latitude: (e.g. 37.57621) _____ Longitude: (e.g. -101.57621) _____

Has the Lat/Long been entered in the SW database? Yes ☐ No ☐

Hazardous Waste Inspection: ☐ Yes ☐ No

Generator Classification: ☐ Closed/Inactive ☐ Small Qty. Generator ☐ EPA Generator
☐ Not a Generator ☐ Kansas Generator ☐ Transporter

Other Regulated Activities: ☐ T/S/D Facility ☐ Tank System ☐ Subpart BB
(complete applicable checklist) ☐ Universal Waste Activities

Has the company declared any information/processes as trade secrets KSA 65-3447? _____
If yes, explain: _____

If facility is closed/inactive, or has recently moved please provide a brief description. _____

Used Oil Activities: ☐ Yes ☐ No

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons? ☐ Yes ☐ No

If yes, then the facility is subject to SPCC requirements due to used oil activities.

Facility Used Oil Activities (Attach a checklist for each one marked):

☐ Generator ☐ Collection Center / Aggregation Point
☐ Transporter / Transfer Facility ☐ Used Oil Processor / Re-Refiner
☐ Used Oil Burner (Off-Spec Fuel) ☐ Used Oil Marketer

Attach all applicable checklists.